



Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 Phone: (775) 687-0700 Fax: (775) 687-0787 Web: doi.nv.gov

Business Entity Name Change Form

FILING FEE OF \$10.00 required

Fees are payable to the Division of Insurance
(Please print or type)

Division Use Only:	Fees: _____	Check #: _____	Application ID#: _____	ORG ID # _____
Approved by: _____	Date: _____	License No: _____		

It is the licensee’s responsibility to file any name change with the Nevada Division of Insurance (Division) and [Nevada Secretary of State’s Office](#) at (775) 684-5708. Persons with questions regarding name changes, mergers, or dissolutions may contact the Division’s Producer Licensing Section in Carson City at (775) 687-0700, option 1, or in Las Vegas at (702) 486-4595.

- ☐ Nevada domestic entities must provide a “filed” copy of the Certificate of Amendment to the Articles of Incorporation as filed with the Nevada Secretary of State.
- ☐ Nonresident business entities may provide a letter of certification from the entity’s home state insurance regulatory authority, a copy of the entity’s current license, or license verification printout from the National Insurance Producer Database.

Previous name:	FEIN
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① New Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ FEIN -	
④ DBA (Provide Nevada County Clerk Filing if required by county)		⑤ State of Domicile		⑥ Country of Domicile	
⑦ If applicable, NASD Firm Central Registration Depository (CRD) Number		⑧ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			
⑨ Business Address		⑪ City		⑰ State	⑱ Zip or Foreign Country
⑬ Phone Number () -	⑭ Fax Number () -	⑮ Business Web Site Address		⑯ Business E-mail Address	
⑰ Mailing Address		⑱ P.O. Box	⑲ City		⑳ State ㉑ Zip or Foreign Country

Designated/Responsible Licensed Producer

㉒ If the business entity’s name appears on the associated individual’s license, a filing fee of \$10 per person is required in order to produce a duplicate license referencing the new agency name on the individual’s license. Attach a list of the entity’s licensed producers or a list provided to the entity by the Division of Insurance. The business entity name change, address update, and duplicate license request may be submitted online utilizing the duplicate licenses, and address changes functionality at [www.doi.nv.gov](#).

Name _____	SSN _____	-	-
Name _____	SSN _____	-	-
Name _____	SSN _____	-	-

SIGNATURE OF PERSON REQUESTING NAME CHANGE	TITLE
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